



TEACHER CERTIFICATION
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF URBAN AND TEACHER EDUCATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051
VERIFICATION OF TEACHING EXPERIENCE

SECTION A: TO BE COMPLETED BY APPLICANT. CAREFULLY COMPLETE INFORMATION IN SECTION A ONLY. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY YOUR CONTRACTED TEACHING EXPERIENCE. THE EMPLOYER SHOULD RETURN THIS FORM TO THE ABOVE ADDRESS.

I. SOCIAL SECURITY NUMBER		_____ - _____ - _____	
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)			
ALL MAIDEN/FORMER NAMES			
STREET ADDRESS			
CITY, STATE, ZIP CODE			
DATE OF BIRTH	MALE FEMALE	PHONE NUMBERS H () W ()	
I hereby give my former and/or current employer permission to release any and all information required in Section B.			
LEGAL SIGNATURE OF APPLICANT		DATE	

SECTION B: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM

The above named individual was employed as a teacher in our school system as verified below.

NAME OF SCHOOL SYSTEM			
SCHOOL ADDRESS			
CITY, STATE, ZIP			
ADMINISTRATOR'S NAME (PRINT OR TYPE)	ADMINISTRATOR'S POSITION	SCHOOL PHONE NUMBER	
ADMINISTRATOR'S SIGNATURE		DATE	
BEGINNING DATE OF EMPLOYMENT	ENDING DATE OF EMPLOYMENT	TOTAL YEARS TAUGHT	
Subject area(s)/Level(s) Taught			
SUBJECT	GRADE	SUBJECT	GRADE

NOTE: Teacher certification in Missouri is designed into a multi-level plan. Teachers are issued the appropriate level according to the number of years of teaching experience and the level of education. Experience must be contracted and at least half-time. Substitute teaching, or serving as a teacher's aide or assistant cannot be counted.

PLEASE RETURN THIS FORM TO THE APPLICANT.

**THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS
PHOTOCOPIES OR FACSIMILES OF THIS COMPLETED FORM CANNOT BE ACCEPTED.**